



Division of Mental Health and Addiction
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DMHA Youth Home & Community-Based Wraparound Services (HCBS) **Wraparound Facilitator Service Provider Instruction Form**

Interested parties who wish to participate in one of the Division of Mental Health and Addiction's (DMHA) Youth Home & Community-Based Wraparound Services (referred to as HCBS) programs must meet criteria as a provider for the HCBS program and be approved by DMHA as an HCBS provider. This instruction sheet is intended to assist the applicant in understanding what is needed in order to complete the Wraparound Facilitator Provider application form for one or more of the following DMHA Youth HCBS programs:

HCBS Service Program	Supporting Regulation*	Operating Agency	Medicaid Agency
Psychiatric Residential Treatment Facility Transition Waiver (PRTF Transition Waiver) <i>Additional Provider Resources:</i> http://www.in.gov/fssa/dmha/2756.htm	<i>CMS Approved Waiver:</i> IN.03.R02.00	DMHA	Office of Medicaid Policy and Planning (OMPP)
Money Follows the Person- Psychiatric Rehabilitation Treatment Facility Grant (MFP-PRTF Services Program) <i>Additional Provider Resources:</i> http://www.in.gov/fssa/dmha/2760.htm	<i>CMS Approved Grant:</i> 1LICMS300150	Division of Aging	OMPP
1915(i) Child Mental Health Wraparound Services State Plan Amendment (CMHW Services Program) <i>Additional Provider Resources:</i> http://www.in.gov/fssa/dmha/2764.htm	<i>CMS Approved SPA: #12-013</i> <i>Indiana Rule: 405 IAC 5-21.7-1</i>	DMHA	OMPP

**State and federal rules and regulations are outlined in the Supporting Regulations listed and supersede all other instruction. Additional clarifying information may be obtained in the DMHA Youth HCBS Provider Manual published for each service program residing on the DMHA website (<http://www.in.gov/fssa/dmha/2732.htm>) and the Indiana Medicaid website (<http://provider.indianamedicaid.com/general-provider-services/manuals.aspx>). A glossary of terms frequently used is also posted on the DMHA Youth Services Website.*

Wraparound Facilitation (Brief Description)

Wraparound Facilitation (WF) is a comprehensive service comprised of a variety of specific tasks and activities designed to carry-out the Wraparound process. Wraparound Facilitation is an important and required component of the HCBS services programs. Each HCBS program participant and family will select a WF to assist them through the Wraparound service delivery process. The WF assures that care is delivered in a manner consistent with strengths-based, family-driven, and culturally competent values. The WF manages the entire Wraparound process and ensures the participant and family preferences and needs are central in the plan of care development, throughout service delivery and into the participant's transition to a less intensive level of service delivery, when appropriate. (Refer to *the HCBS Provider Manual* for the service program approval is being sought for additional information).

Legacy Provider Identifier

Submit the Legacy Provider Identifier (LPI) Agency LPI (must be nine characters) and Location Code. For example: 123456789A.

Provider Criteria and Standards

All applicants seeking approval as a WF must meet the following criteria:

- 1) Qualifies as an Other Behavioral Health Professional (OBHP), as defined in 405 IAC 5-21.5-1(d); and one of the following:
 - a) A Bachelor's degree, with 2 or more year's clinical experience; or
 - b) A Master's degree in social work, psychology, counseling, nursing, or other related field, with 2 or more year's clinical experience.
- 2) Be employed by an agency meeting the following:
 - a) Community Mental Health Center approved as a Community Mental Health Center by the DMHA (440 IAC 4.1-2-1) or a Community Service Agencies accredited by AAAHC, COA, URAC, CARF, ACA, JCAHO, or NCQA.
 - b) Agency participates in a local System of Care, which includes both a governing coalition and service delivery system that endorses the values and principles of Wraparound; or in the event the area of the State does not have an organized System of Care, provider is a part of a DMHA-approved/designated Access Site for Services.
- 3) The individual providing the Wraparound Facilitation services has two (2) years of qualifying experience working with or caring for SED Youth (Refer to *Provider Prequalification and SED Qualifying Experience* section below for additional information).
- 4) Has a current CPR Certification (Program approved by the American Heart Association).
- 5) Applicant must complete and pass the following screenings**:
 - a) Finger print-based national and state criminal history background screen.
 - b) Local law enforcement screen.
 - c) State and local Department of Child Services abuse registry screen.
 - d) Five-panel drug screen, or Agency meets same requirements specified under the Federal Drug Free Workplace Act 41 U.S.C. 10 Section 702(a)(1).
- 6) Two (2) years of SED Qualifying Experience: Applicant must have acquired qualifying SED experience, which includes the following:
 - a) "Qualifying" direct experience *means that the applicant has worked directly with the SED population in a way that builds functional skills, such as group counseling, one-on-one counseling, provision of skills training, and/or provision of therapeutic recreational activities.*
 - b) Also included would be persons providing therapeutic foster care, or persons working in a capacity that may not involve mental health care, but where the work is targeted at a defined SED population.
 - c) Experience in case management, therapy, and/or skills training in conjunction with a mental health center may also be considered as qualifying experience.
 - d) The most recent qualifying experience with the SED population should be no more than 3 years prior to the date of application. Experience more than 8 years in the past will not be considered as qualifying.
 - e) The SED experience requirement excludes "incidental experience" with an SED child or population. This means that if the work of the provider may have been with a child with SED, but the defined work role was not intended to address this directly, the experience does not qualify towards the requirement. Examples of "incidental experience" would include:
 - I) Owner of a day care for children who throughout his/her years of experience have had children classified as severely emotionally disturbed.
 - II) A bus driver with children on his/her route who have been classified as severely emotionally disturbed.
 - III) The facilitator of a youth group or bible school class with some children in the group having been classified as severely emotionally disturbed.
 - IV) A family therapist with some of the children/youth having been classified as severely emotionally disturbed.
 - V) A classroom teacher with some children in the class having been classified as having a severe emotional disturbance.
 - VI) Staff whose work with children has been with the developmentally disabled population only.

VII) An individual whose work has been with children from ages 0-5.

****Note:** Refer to the HCBS Provider Manual for the program approval is being sought for additional information regarding applicant screening requirements.

Training Requirements

The following trainings are required by DMHA:

- 1) DMHA Youth HCBS Program Provider Orientation Webinar: Applicant must complete this training, which is offered as a Webinar through DMHA. DMHA will provide applicant with the web link to complete the training. After completing the training, print and complete the Orientation Training certificate as documentation of completing the webinar. **Note:** PowerPoint is available to be printed prior to the webinar for note taking purposes; however, the training certificate is not available through the PowerPoint, but only through the webinar.
- 2) Indiana Strengthening Our Communities (IN SOC) Webinar: Applicant must complete this training, which is offered as a Webinar through DMHA. DMHA will provide applicant with the web link to complete the training. After completing the training, print and complete the Training certificate as documentation of completing the webinar.
- 3) Wraparound Facilitator Certification: All new applicants must be enrolled in the WF Certification training. Applicants seeking renewal of approval must submit documentation showing participation/completion of training.

Application Process

Applying to become a DMHA-approved Youth HCBS provider is a multi-step process. Interested applicants may apply as follows:

- 1) Review the service and program specific provider criteria (e.g., Wraparound facilitator for MFP, Habilitation for CMHW, etc.).
- 2) Complete the *DMHA Youth HCBS Program Provider Orientation Webinar* to answer questions about the HCBS program. Retain the completion certificate that is attained through the webinar for submission with the application packet.
- 3) Complete the *Indiana Strengthening Our Communities (IN SOC) Webinar* to familiarize self with Indiana's plan and initiatives around System of Care. Retain the completion certificate that is attained through the webinar for submission with the application packet.
- 4) Applicants meeting all provider criteria and successfully completing the required HCBS training must complete a Provider Application Packet to DMHA for review and final approval. Contents of the application packet include the following:
 - a) Provider Demographic Form
 - b) Wraparound Facilitator Provider Application (applicant may submit other service provider applications for other services in which they are applying within one application packet.
 - c) DMHA Youth HCBS Provider Agreement
 - d) Any other required collateral materials as detailed on Demographic and service specific application forms.
- 5) Submit the completed application packet to:

Division of Mental Health and Addiction
Attn: Youth Services Team
402 W. Washington St., W353
Indianapolis, IN 46204-2739

DMHA Review of Application Packet

Once received, DMHA will review the application packet for completeness. If an application is not complete, the applicant will receive notification regarding the missing elements (e.g., signatures, required documentation,

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missing information, etc.). Applicants will be notified of the timeline for submitting the required information. If updated information is not received within the required timeframe, the application will be purged.

DMHA will only process complete application packets. After review of a complete application packet, DMHA will render a final decision regarding an applicant's eligibility to be a DMHA-approved HCBS provider. The determination will be communicated by email in a dated letter on FSSA letterhead; and will contain an official signature. Approvals are not active until receipt of the aforementioned letter by the applicant. The following should also be noted.

If submitting a "renewal of approval" application, ensure it is submitted 60 days prior to expiration of the current DMHA approval (to avoid revocation due to expiration of the approval). All renewal of approval applications follow the same process as outlined in this instruction sheet.

Medicaid Approval for HCBS Billing

Individuals/Agencies meeting criteria and receiving a DMHA provider approval letter must also apply for a Medicaid Indiana Health Care Provider (IHCP) provider number before they begin providing and billing for the HCBS program. The DMHA approval letter will be a required component of the application packet to Medicaid. Visit www.indianamedicaid.com for additional information regarding the Medicaid application.